

## **WIC Missed Certification Survey**

**1. Demographic Information:**

1. What is your age? ☐ <18 ☐ 18-24 ☐ 25-29 ☐ 30-34 ☐ >34
2. How many children under the age of 5 do you have? ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ More than 3
3. Marital Status: ☐ Married ☐ Unmarried
4. Education Level: ☐ Didn't complete HS ☐ HS Diploma ☐ Some College ☐ Associates Degree or Higher
5. Race: ☐ White ☐ American Indian or Alaskan Native ☐ Other \_\_\_\_\_

**2. How important are these **WIC services** to you? Check if they are not important, somewhat important, or very important.**

Service	Very Important	Somewhat Important	Not Important
Food Benefits			
Nutrition Information			
Breastfeeding Information			
Support from WIC Staff			
Learning or connecting to community resources (referrals)			

Other: \_\_\_\_\_

**3. Which of the following has been a problem for you when trying to come to a WIC appointment? Check if it's no problem, somewhat a problem, or a major problem.**

	No Problem	Somewhat a Problem	Major Problem
Transportation			
WIC office hours			
Too busy			
Forget Appointment Date/Time			
Work/school Conflicts			

Other: \_\_\_\_\_

**4. How do you feel about the WIC **food package** offered? Check all that apply:**

- a. Size of package: \_\_\_\_ too small, \_\_\_\_ just right, \_\_\_\_ too much

b. Selection of foods: \_\_\_\_\_ Too restrictive, \_\_\_\_\_ appropriate for us, \_\_\_\_\_ doesn't meet our needs

a) Please explain:

5. Do you find an **appointment reminder** to be helpful? Check Yes or No.

Yes

No

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a. If you said yes, when is the best time to remind you? Check which time is best.

a) The day of your appointment \_\_\_\_\_

b) The day before your appointment \_\_\_\_\_

c) Two days before your appointment \_\_\_\_\_

d) A week before your appointment \_\_\_\_\_

e) Time of day: Mornings    afternoon    evening

6. What is the best way for WIC to **stay in touch** with you? Rank the following options 1=Best - 5= Worst

a. Facebook \_\_\_\_\_

b. Twitter \_\_\_\_\_

c. Text Message \_\_\_\_\_

d. Phone Call \_\_\_\_\_

e. Email \_\_\_\_\_

7. Have you had **problems** with any of the following? Check Yes or No.

	Yes	No
Understanding which foods are WIC approved.		
Finding a store to purchase your WIC foods		
Feeling unwelcome or uncomfortable when using WIC benefits		
Store experience		
Please Explain:		

8. If WIC could offer **different hours** what times would work best for you? Rank the following times 1=Best 5=Worst.

a. Weekdays after 5pm \_\_\_\_\_

b. Weekday mornings before 8am \_\_\_\_\_

c. Limited/occasional hours on Saturdays \_\_\_\_\_

d. Lunch hour\_\_\_\_\_

9. Please rate your **prior experiences** at your local WIC clinic. Check if it was excellent, good, fair, or poor.

	Poor	Fair	Good	Excellent
Total wait time at WIC				
Length of appointment				
Options available for nutrition education.				
Customer service at the WIC office.				
Availability of appointments				

10. Are you interested in **coming back** to WIC in the future? Check Yes or No.

Yes

No

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If you checked **NO** please explain:\_\_\_\_\_

11. Would you **recommend** WIC to a friend who might qualify? Check Yes or No.

Yes

No

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If you checked **NO** please explain:\_\_\_\_\_

12. Are there any **other improvements** or **changes** you would like to see at WIC?


Thank you for completing this Survey! From your information we hope to improve your local WIC program to better suit your needs.